

**Free Immunization Resources for Clinicians  
Order Form**

N.C. Immunization Branch

View all materials at <http://www.immunize.nc.gov/providers/forproviders.htm>

**Fax form to: 800-544-3058**

\_\_\_\_\_  
Facility Name and Provider ID Number

\_\_\_\_\_  
Name of Person Requesting Order

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address of Facility

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

**Clinical**

**Quantity needed**

\_\_\_\_\_ Lifetime Immunization Cards (DHHS 1065)  
\_\_\_\_\_ Vaccine Administration Record (DHHS 4041)  
\_\_\_\_\_ Adult Vaccine Administration Record (DHHS 4057)  
\_\_\_\_\_ Adult Vaccination Record (wallet size) (DHHS 4040)  
\_\_\_\_\_ Vaccine Administered Log (VAL 121)  
\_\_\_\_\_ NCIR Chart stickers  
\_\_\_\_\_ Standards for Pediatric Practice  
\_\_\_\_\_ School Entry Requirements Pocket Guide  
\_\_\_\_\_ Vaccine Adverse Event Reporting System form

**Storage and Handling**

**Quantity needed**

\_\_\_\_\_ Vaccine Requisition Form (DHHS 1227)  
\_\_\_\_\_ Refrigerator/Freezer Temperature Storage Log  
\_\_\_\_\_ Refrigerator Warning Sticker (Do Not Unplug)  
\_\_\_\_\_ Quilt Checklist for Vaccine Deliverers  
\_\_\_\_\_ Wasted/Expired Form (DHHS 3974)  
\_\_\_\_\_ Vaccine Transfer Form (DHHS 4058)  
\_\_\_\_\_ Hallmark Greeting Cards  
(LHD's and Hospitals only)

**State and Federal Rules and Laws**

**Quantity needed**

\_\_\_\_\_ Vaccine Injury Compensation (NC Immunization law)  
\_\_\_\_\_ NC Immunization Rules/Laws Booklet  
\_\_\_\_\_ Medical Exemption Statement Form (DHHS 3987)  
\_\_\_\_\_ Physicians Request for Medical Exemption Form (DHHS 3995)